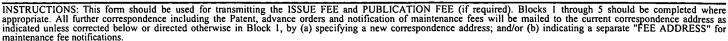
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/444,317	11/22/1999	JAMES S. LIPSCOMB	SE9-99-007-(8497

TITLE OF INVENTION: SYSTEM AND METHOD FOR RECONCILING MULTIPLE INPUTS

04/25/2005

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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CFR 1.363). Change of correspor Address form PTO/SB/ Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E	Correspondence ation form the of a Customer BE PRINTED ON The	(1) the na or agents (2) the na registered 2 registered listed, no	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed. T (print or type) Dear on the patent. If an assignt for filing an assignment.	a member a 2anes of up to no name is 3	document has been filed for
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Typed or printed name	William E.	Lewis (\		Registration	N_0 39,274	

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